



The Health Services Company Since 1964

PROVIDER NOMINATION FORM

GROUP NAME _____

If you wish to nominate a particular optometrist or ophthalmologist for the Spectera vision care provider network, please complete this form and mail or fax to:

Spectera, Inc.
5975 Castle Creek Parkway N. Dr.
Suite 150
Indianapolis, IN 46250

FAX: 317-577-5160

Your Name _____ Date _____

Name of Requested Provider _____ ☐ OD ☐ MD

Street Address _____

City _____ State _____ Zip _____

Telephone # () _____

Spectera will make every effort to contact your nominated provider. It generally takes 30 to 60 days from the receipt of this form to contract with a potential provider.

We suggest that you call our 24-hour automated Interactive Voice Response (IVR) system for updated provider information. The IVR number is 1-800-839-3242.

Spectera's customer service department can also be reached at 1-800-638-3120 if you have any questions regarding your plan design, a claim, or provider issues. Customer service is available from 8:30 a.m. to 8:00 p.m. ET, Monday - Friday.

It is our goal at Spectera to provide you and your eligible dependents with the highest quality vision care plan available. Your time and assistance in completing this form is appreciated and will help us to provide you with the provider access you deserve.